

**North Carolina Department of Transportation**

Remit to:

Contract Administrator  
NCDOT Office of Environmental Quality  
1502 Mail Service Center  
Raleigh, NC 27699-1502

**Invoice for Professional Services rendered through:** \_\_\_\_\_

**Firm:** \_\_\_\_\_

**Invoice Date:** \_\_\_\_\_

**Invoice No.:** \_\_\_\_\_

**Sign:** \_\_\_\_\_

\_\_\_\_\_ **Partial Billing**

\_\_\_\_\_ **Final Billing**

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Task Order No.:** \_\_\_\_\_

**Project No.:** \_\_\_\_\_

**Project Status**

% Complete last report	% Complete this report	% DBE usage	Amount Due DBE

**Billing Detail (Lump Sum)**

	<i>This Period</i>	<i>Cumulative</i>
a. Total fee*		
b. % Complete		
c. Result (a x b)		
d. Total prior payments		
e. Amount Due (c-d)		

\*Total fee includes all supplements to the original contract amount.

**NCDOT Approval**

\_\_\_\_\_ % Complete Approved

By: \_\_\_\_\_ Date: \_\_\_\_\_

**For NCDOT Internal Use Only**

**Total Contract Amount: \$** \_\_\_\_\_

**Vendor No.:** \_\_\_\_\_

**Total Task Orders to Date: \$** \_\_\_\_\_

**Contract No.:** \_\_\_\_\_

**Budget Code:** \_\_\_\_\_